

PROJECT INFORMATION:	
Date:	_
Parcel location/ Address:	
Homeowner(s) Name/ Institution: *Signature of Homeowner allows volunteers executed.	Phone: to render service on their property, and agree to the project being
*Signature of Homeowner:	Date
*Signature of Homeowner:	Date
Project Description:	
Page 7 requesting assistance? (Disabled a)	Ideally Veteran etetra extinoncial need)
Reason requesting assistance? (Disabled, el	ideny, veteran status or imanciai need):
APPLICANT INFORMATION (Individua	Il Submitting Application)
Name:	, , , , , , , , , , , , , , , , , , ,
Street address:	
City/State/Zip:	
Phone:	Alternate:
Email:	
Organization/Position: (If applicable)	
Street address:	Phone:
City/State/Zip:	
Email:	

Downson (i.e. weefing reliating ata)	People
Purpose: (i.e., rooting, painting, etc)	<u>Needed</u>
	Purpose: (i.e., roofing, painting, etc)

SUPPLY EXPENSE REQUESTS - Please note costs (if available)						
<u>Supply</u>	<u>Purpose/Use</u>	Qty	<u>Cost</u>	<u>Total</u>		
	1					

Total: \$

Send completed form to:

Mike Veenendaal, Chairman of the Sandy City Exchange Club

8439 S Mayfly Way, Sandy, Utah 84070 Or by email: mveenenda@gmail.com Questions: Call (801) 255-8282